

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-575)**

SERIAL NO. **107018451** FILING DATE **07 MAR 2002**

APPLICANT *Shabiz*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51						
2			/		/		52						
3			/		/		53						
4			/		/		54						
5			/		/		55						
6			/		/		56						
7			/		/		57						
8			/		/		58						
9			/		/		59						
10			/		/		60						
11			/		/		61						
12			/		/		62						
13			/		/		63						
14			/		/		64						
15			/		/		65						
16			/		/		66						
17			/		/		67						
18			/		/		68						
19			/		/		69						
20			/		/		70						
21			/		/		71						
22			/		/		72						
23			/		/		73						
24			/		/		74						
25			/		/		75						
26			/		/		76						
27			/		/		77						
28			/		/		78						
29			/		/		79						
30			/		/		80						
31			/		/		81						
32			/		/		82						
33			/		/		83						
34			/		/		84						
35			/		/		85						
36			/		/		86						
37			/		/		87						
38			/		/		88						
39			/		/		89						
40			/		/		90						
41			/		/		91						
42			/		/		92						
43			/		/		93						
44			/		/		94						
45			/		/		95						
46			/		/		96						
47			/		/		97						
48			/		/		98						
49			/		/		99						
50			/		/		100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						